

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 277893

Entity Name: J. LILES, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

16600 SE HWY 19  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 340  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 59-1050939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LILES, JARRETT H. JR.  
MAIN ST  
CROSS CITY, FL 32628 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: LILES, J.H. JR.  
Address: MAIN STREET  
City-St-Zip: CROSS CITY, FL

Title: S ( ) Delete  
Name: WOODY, BERNARD C  
Address: 1ST AVE  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LILES, HELEN H  
Address: 560 NE 348TH AVE  
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN H. LILES

MAN

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date